

The Kentucky Health Insurance Research Project

More Than Half a Million Working-Age Kentuckians Uninsured for All or Part of Past Year

More than half a million members of the state's actual and potential labor force or 19% of working-age Kentuckians had no health insurance for all or part of the previous year, according to a 2005 household survey for the Kentucky Health Insurance Research Project. Because the lack of health insurance, even for brief periods of time, is linked to reduced access to health care and increased financial instability, these findings have significant implications for the economic security of individuals and families, the productivity of workers, and the competitiveness of the state's firms.

The uninsured are far less likely than the insured to get health care when they need it.¹ Uninsured Kentuckians were three times more likely than the insured to have been discouraged by costs from seeing a doctor when they were sick during the past year.² The uninsured are far more likely to be adversely affected by health care costs: 65% of uninsured Kentuckians had problems paying a medical bill compared with 27% of the insured.³ Uninsured Kentuckians are also less likely to report sustained time (more than 5 years) with a usual provider.⁴ Sustained continuity of care, a widely recognized indicator of higher-quality, lower-cost care, is associated with decreased hospitalizations and emergency department visits and improved receipt of preventive care.⁵

While the long-term uninsured face the most significant obstacles to health care, even brief periods of uninsurance can limit access and disrupt care. A 2001 survey found that adults uninsured for any period of time in the past year were two to four times more likely to have gone without needed care due to cost and less likely than the full-year insured to have a regular doctor. Regardless of the length of uninsured periods during the past year, about half had difficulties paying medical bills.⁶ Compared to those with continuous coverage throughout a year, a 2003 study found that those who were uninsured even for relatively brief periods of time are less likely to have seen a doctor in the past year and less likely to have a usual source of care.⁷ A longitudinal study also found that people who lost Medicaid or private coverage over a two-year period had more difficulty getting care and reported no doctor visits in the past year.⁸

Thus, poor outcomes associated with not having health insurance are not limited to those who are "uninsured now," but extend to those who experience disruptions in their health insurance coverage. Our data suggest that, in addition to the longer-term uninsured, many working-age Kentuckians are moving in and out of health insurance coverage, increasing their vulnerability to negative health and financial outcomes that could have far-reaching consequences.

Percent and Estimated Number of Kentuckians, Aged 18-64, Who Were Uninsured All or Part of the Past Year, 2005

	Percent	Number
Uninsured Now	14%	366,000
Full Year	79	290,000
Part Year	21	76,000
Insured Now	86	2,307,000
Full Year	94	2,160,000
Part Year	6	147,000
Total Uninsured (Part- and Full-Year)	19%*	513,000
<small>Source: University of Kentucky Center for Rural Health, Kentucky Long-Term Policy Research Center, and UK Survey Research Center Note: Total does not add up due to rounding.</small>		

¹ See, for example, Kaiser Commission on Medicaid and the Uninsured, *The Uninsured: A Primer* (Washington: Kaiser, 2006) 6-8.

² Kentucky Health Insurance Research Project, Household Survey, 2005.

³ Kentucky Health Insurance Research Project.

⁴ Kentucky Health Insurance Research Project.

⁵ Michael D. Cabana and Sandra H. Jee, "Does Continuity of Care Improve Patient Outcomes?" *Journal of Family Practice* 53.12 (2004).

⁶ Lisa Duchon, Cathy Schoen, Michelle M. Doty, Karen Davis, Erin Strumpf, and Stephanie Bruegman, *Security Matters: How Instability in Health Insurance Puts U.S. Workers at Risk* (New York: The Commonwealth Fund, 2001) 12.

⁷ Jennifer Haley and Stephen Zuckerman, *Is Lack of Coverage a Short-Term or Chronic Condition?* (Washington: Kaiser Commission on Medicaid and the Uninsured, June 2003).

⁸ Judith D. Kasper, Terence A. Giovannini, and Catherine Hoffman, "Gaining and Losing Health Insurance: Strengthening the Evidence for Effects on Access to Care and Health Outcomes," *Medical Care Research and Review* 57.3 (2000): 298-318.



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About the Project and the Data

The Kentucky Health Insurance Research Project is funded by a federal state planning grant from the Health Resources and Services Administration (HRSA). HRSA facilitates state-level responses to the problems of the uninsured by providing resources for identifying root causes and strategies for change. The University of Kentucky Center for Rural Health, based in Hazard, Kentucky, is the lead agency on the grant, working in partnership with the Kentucky Long-Term Policy Research Center, a state agency, and the University of Louisville. A multidisciplinary team from these institutions examined the problems of under- and uninsured Kentuckians through large- and small-group meetings; statewide surveys of the general population and small businesses; and an analysis of the social and economic costs of uninsurance. Additionally, the project has analyzed policy options available to the state and will propose strategies for increasing access to health insurance, based on the characteristics of Kentucky's uninsured population and transferable models from other states.

The data presented here are from a 2005 telephone survey conducted by the University of Kentucky Survey Research Center between May 27 and September 12. Households were selected using random-digit dialing, which gives each telephone line in Kentucky an equal probability of being called. A total of 2,068 surveys were completed for a response rate of 38.3%. (The CASRO response rate was 51.5%.) The margin of error is approximately $\pm 2.16\%$ at the 95% confidence level.

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